Sample Report

May 1, 2001

Ms. Freida Johnson
Disability Determination Services
P.O.Box 7373
Fair Chance, MD 21643-7373

Re: Louis Williams
SSN: 333-33-3333
DOB: 9/2/73

Dear Ms. Johnson:

Introductory comments

(Brief description of him and interactions with him)

Mr. Louis Williams is a 26-year-old, single, African-American male who has a history of psychiatric hospitalization dating back to 1992. Mr. Williams is a tall (6'1") man of slim build. He has cognitive limitations; for example, he could not find his way back to the SSI Project office even though he had been there twice before. He has difficulty keeping appointments and needs a great deal of outreach to maintain contact and to stay in treatment. He is a poor historian and is quite vague. He appears to be attempting to provide information, but his recall is poor.

When first interviewed by the SSI Project Director, Mr. Williams presented with a strong body odor. He was ill-kempt. His speech was rambling, and he was frequently non-responsive to questions. When asked about his mother, he began to cry. He spoke over and over about "not being able to go on" this way. He could not guarantee that he would be able to keep himself safe. Therefore, the Project Director walked him over to Babylon Psychiatric Crisis Center for evaluation. From there, he was admitted psychiatrically.

Personal History

(Includes growing up, family information, schooling, work history, legal history. If existing psychosocial history includes all this information, that document could be attached and referenced. Any supplemental information can be written here)

Mr. Williams was born and raised in Newphases, MD. When asked about this, he said, "As far as I know. That's what I think." He said that he has an older brother. He had a sister who died of "a sickness. AIDS." He said that he has another sister about whom he's been told "she's sick but I'm not sure." He couldn't remember his mother's age but believes she's in her 60s. He said that her health is good. He noted, "I'm being more honest than I've ever been." He said that his mother raised him. He said that he cares about his mother. He said he "understands that she was going through something. It was hurting for real. It was hurting for real." When speaking with the SSI Project Director, at this point, Mr. Williams began to cry. He could not explain why.

According to Mr. Williams, he maintains no contact with his relatives except for his mother. His father died when he was 6 years old, he said. "He's still in my heart," he noted. He said that his father was 32 years old and worked as a cabdriver. "Somebody took his life," he said.

He described his mother as easy going and said that discipline consisted of punishment, not hitting.

According to Mr. Williams, he finished 9th grade and started 10th. He left Rickters High School in 1990 in the 10th grade. He left, he said, because "I was trying to stay there but something made me leave. I don't know why. I wanted to stay." He said that his grades were fair, and he repeated the first grade. He said that, while in school, he stayed to himself.

According to Mr. Williams, he worked for a while for OneDayWork, a temporary job agency. He said that he did "plenty" of jobs and worked for them for about a month. At some point, he went to Florida for a vacation and stayed there, living with his sister, he said. He worked for a temporary agency and came back to Fair Chance some time in 1998 or 1999. Since then, he said that he has done a "little bit" of work sweeping and lifting.

In 1992, Mr. Williams said, he received SSI benefits with his mother being his representative payee. He said the benefits stopped when he worked in Florida.

Mr. Williams notes that he doesn't "have any children by me." He has no military history.

In 2000, Mr. Williams was charged with assault on his brother. He said that his brother "pissed me off so I hit him." He said his brother dropped the charges. "He knew I didn't do it on purpose, " he said. He said that he "can't recall" other charges. (Records, however, indicate that he had a history of six arrests for assault and theft.)

When interviewed by the SSI Project, Mr. Williams was homeless and was staying in various shelters and sometimes with his sister. For a period of time, he said, he also stayed with his mother, but that didn't work out.

Physical Health History

(This could be as simple as a listing of diagnoses and treatment if medical records can be attached)

Mr. Williams knows of no ongoing somatic problems. He said that he had seizures "before" but hasn't had one since August, 2000. As a youngster, he was playing and ran into a pipe. He said that he slipped, hit his head and had stitches. "I might have passed out," he said. He also got a cut on his side and had stitches. In 1992, he said that he went to Blauston Medical Center because "I wanted to go and get a checkup. I was concerned about my health. I felt bad. That's where I got lost at."

Substance Use History

(This is a report that talks about current substance use. With his simple words, Mr. Williams is talking about the use of crack cocaine as a means to deal with his symptoms. More details are included in his psychiatric history)

Mr. Williams said that he does drink "some" beer to "help me feel the moment." He said that he has never experienced delirium tremens, blackouts, or seizures related to his alcohol use. He said that he has tried cocaine but "not that much. He said that he also tried "reefer" but that he didn't like "how it made me feel.

I don't feel right with it." He said that he has also used crack cocaine when he has had a chance to and that it helps him "think about my life. It takes stress off my mind."

Psychiatric Information

(Here, as under physical health history, one could simply put a listing of dates, diagnosis, medications, and follow-up treatment scheduled and include records. The excerpts are helpful because they give a quick scan of all his history and provide a summary of how much treatment he's had in many different places).

Records from Blauston Medical Center state that Mr. Williams was first hospitalized psychiatrically at Smith Hospital in 1992 and was there for about four weeks.

Records from Francis Hospital report a hospitalization at Blauston Medical Center on 3/9/93 on certificates. Records note that "he was catatonic and delusional and nearly mute during his initial interview." Neurological examination at Blauston was "unremarkable." Discharge diagnosis was schizophrenia, undifferentiated with acute exacerbation.

Apparently, on 5/2/93, he was admitted to Smith Hospital. At the time of this admission, he was reporting auditory hallucinations with "suicidal ideation. He also reported insomnia, decreased appetite, racing thoughts, and dysphoria." He said that he had been expelled from the Job Corps on 3/8/93 because of "inappropriate sexual interactions with females." During this hospitalization, he was "continued on neuroleptics, though it was noted that he had "severe EPS" at times during the hospitalization. He continued with "excessive salivation." He was discharged on Ativan as a taper; Cogentin, 2 mg b.i.d., and Prolixin, 10 mg at bedtime. Discharge diagnosis was schizophrenia. He was to be followed at Blauston Hospital.

On 5/25/93, Mr. Williams was seen for an evaluation at the Blauston Hospital emergency room (ER). He apparently was receiving outpatient treatment, including medication, from Blauston Hospital for the past two months. (Although a request for records was sent there, these early records were not sent). Records note a history of schizophrenia for a year. It appears that he experienced a head trauma as well. He presented with a "catatonic" reaction that his mother reported he had experienced in the past year 2-3 other times. At the time, he was taking Prolixin decanoate; the dose is not indicated. Some information in these records states that he was taking Prolixin, 2 mg b.i.d., so the actual dose is uncertain. Records note that he "follows commands slowly" and was drooling. He was treated with Ativan and responded well.

From 5/30-6/21/93, Mr. Williams was hospitalized at the Babylon Hospital. He was brought to the ER by his mother; complaints were "low mood, staring and apathy." Records note that three days prior to this visit, he was "seen in the Emergency Room with a two month history of withdrawn behavior, decreased communication and periods of drooling, staring and apathy. He had also had decreased ability to perform activities of daily living." Toxicology screen was negative. Records indicated that Mr. Williams reported having been raped. During this hospitalization, he was diagnosed with neuroleptic malignant syndrome. It was recommended that he not receive neuroleptics in the future "except as an extreme last resort when they were felt to be needed." An OT evaluation found Mr. Williams to have significant difficulties with structuring his time, problem solving, and initiating activities. It was determined he needed daily supervision.

As his father had active TB, Mr. Williams was evaluated for this possibility. He was found, on chest x-ray, to have "many small calcified granulomatas in the left upper lobe." He was treated with INH, 300 mg each day during this admission.

At the time of discharge, diagnosis was psychotic disorder NOS; neuroleptic malignant syndrome, resolved, and history of tuberculosis exposure. Medications were lithium carbonate, 300 mg in the a.m. and 600 mg in the p.m.; Artane, 2 mg b.i.d. to be tapered off in a few weeks, and INH, 300 mg each day. Again, he was to follow up with treatment at Blauston Hospital.

On 1/24/96, Mr. Williams was again hospitalized psychiatrically, this time at Blauston Hospital. An emergency petition had been done by his mother, who reported that he had been "agitated in the last few days. He tended to spend more time in his room talking to himself loudly. He was not sleeping at night. He had a tendency to provoke fights with visitors in the house. In the petition the patient was throwing things, picking up a knife, and threatening others. The patient is reportedly trying to hit children who were 4 to 5 years old. In the emergency room he was restrained but was able to break out of it."

Not much information is provided about this hospitalization. Mr. Williams was apparently discharged on 1/30/96 with a diagnosis of paranoid schizophrenia. Medications at the time of discharge were Haldol, 5 mg b.i.d. and Haldol decanoate, 50 mg every three weeks.

On 2/12/96, Mr. Williams was taken by ambulance to the ER at Emary Hospital. He was complaining of "body aches" and had positive psychotic symptoms. Diagnostic impression was schizophrenia. He was certified and transferred to the Intown State Psychiatric Hospital (ISPH) for admission.

Mr. Williams remained at the ISPH until 2/22/96. According to admitting information, he had destroyed property "including his TV and stereo because he believed they were sending him messages." He also had broken windows and furniture in his mother's home and threatened to kill his 3-year-old nephew. Two weeks prior to admission, he reportedly had punched a guard at a mall. Mr. Williams acknowledged smoking marijuana in the past but denied any current use of drugs or alcohol. In the hospital, Mr. Williams had a positive PPD.

According to these records, Mr. Williams also has a history of a head injury at age 17 years when his former stepfather hit him in the head; he was apparently unconscious for 15-20 minutes. At the time of discharge, Mr. Williams planned to live with his brother. He was also to attend Emary Hospital for outpatient treatment. Discharge diagnosis was psychosis NOS. Medication was Risperdal, 3 mg b.i.d.

The next known hospitalization is from 5/30/00-6/5/00 at Emary Hospital. At this time, Mr. Williams reported use of cocaine and marijuana; he said he began using cocaine that year. At the time of admission, he was "acutely paranoid." He was released with a diagnosis of paranoid schizophrenia and cocaine and cannabis abuse. Medications at the time of discharge were Haldol, 5 mg p.o. b.i.d.; Cogentin, 2 mg p.o. b.i.d.; Trazodone, 100 mg p.o. at bedtime, and Haldol decanoate, 100 mg IM each month.

From 7/24-7/31/00, Mr. Williams was hospitalized at the Babylon. This was following his evaluation at the Crisis Center when the SSI Project Director escorted him for evaluation. While in the hospital, he had an OT evaluation in which he obtained a score of 4.4/5.8 on the ACLS. Rehabilitation potential was considered to be "fair." He was impaired in home management, money management, occupational role performance, leisure performance, coping skills, time management, social conduct, self-expression, self-concept, and problem solving. He also was noted to have poor self-control and difficulty with initiation and termination of activity. He was discharged with a diagnosis of psychosis NOS and cocaine abuse. Medications were Zyprexa, 10 mg at bedtime and Buspar, 15 mg b.i.d. He was referred for substance abuse treatment at the ISPH and to continue with outpatient treatment at Northeast, where he reported having an active case.

On 8/21/00, Mr. Williams was admitted to the Community Support Agency (CSA), an intensive, targeted case management program for adults with serious and persistent mental illness. At the time, he was homeless. He was placed on the waiting list for Project SHELTER (a transitional shelter) and the Men's Center, a shelter and training program. He was staying intermittently at shelters and at his sister's house. It turned out that Mr. Williams had not seen anyone at Northeast for a long time, so outpatient treatment was needed.

For the most part, Mr. Williams stayed at his sister's although he periodically was out on the street or in emergency shelters. Mr. Williams was finally seen at the Babylon Southwest Clinic (Southwest) for an intake appointment on 10/17/00. Because of concerns regarding his history of neuroleptic malignant syndrome, his non-compliance with treatment, and his homelessness, it was determined that he would be referred to the Assertive Community Treatment (ACT) team, an intensive, mobile treatment outreach team of Babylon. Diagnosis at the time of intake was psychosis NOS; R/O schizophrenia; R/O bipolar disorder; R/O dementia due to head injury, and cocaine dependence. However, because of the lack of openings at ACT, he remained at Southwest until an opening occurred. His case manager took him to the Crisis Center on several occasions to have his vital signs checked in an effort to diagnose neuroleptic malignant syndrome quickly if it occurred.

On 1/31/01, Mr. Williams was admitted to the ACT team for intensive treatment and case management services. He was referred to ACT as he clearly needed more intensive clinical follow-up than could be provided at an outpatient clinic. In addition, his history of malignant neuroleptic syndrome necessitated close follow-up. During the most recent hospitalization, records note that Mr. Williams was agitated "with paranoid ideation and significant thought disorder."

When he became active with ACT, he was living at Secure Haven, a transitional shelter for homeless adults with severe and persistent mental illness. At his initial psychiatric evaluation on 1/31/01, he was "casually and appropriately dressed, not malodorous, impaired grooming. Guarded, mildly agitated at times, affable at other times. Speech was of normal rate and volume. Affect was stable, restricted. His thoughts were vague, had persecutory themes, and were hard to follow. Limited awareness of illness, impaired judgment." Diagnosis was schizophrenia, paranoid type; cocaine abuse, rule out dependence: R/O psychosis secondary to head injury. He was continued on Zyprexa, 10 mg at bedtime for schizophrenia.

Subsequent to this evaluation, outreach visits at Secure Haven were attempted several times, but Mr. Williams was not there. Staff reported that he had not been coming in at night. There was some concern that Mr. Williams might have resumed drugs use; psychiatric symptoms seemed in control. On 2/15/01, Mr. Williams reported to the ACT office and was noted to be "slightly malodorous." He said that he had been out all night but did not explain why. Staff at Secure Haven said that he had several bags of items that he planned to sell. ACT staff went to Secure Haven and removed these items. Mr. Williams seemed at baseline.

On 2/16/01, Mr. Williams appeared at the Babylon ER and reported that he felt paranoid and wanted detox. He was given outpatient information regarding detox and was released.

On 2/19/01, Mr. Williams was seen at ACT once again. He presented at that time as "disheveled, stating he had been out all night on Wisconsin Avenue again. As before, he could give no explanation as to why or what he had been doing. We discussed his being asked to leave the Secure Haven due to his refusal to stay there and be compliant with meds."

On 2/21/01, Mr. Williams was again seen at ACT and was "irritable, with a disheveled appearance." He said that he had stayed at a mission the prior night. He gave a vague response as to the positive results for cocaine in a toxicology test. He was considered to be at baseline symptomatically.
On 3/5/01, Mr. Williams was seen again at ACT. At this time, he was living with his mother and he presented as "disheveled." He was angry that his benefits check had been turned over to his mother.

Outreach attempts were continued in March. On 3/29/01, Mr. Williams was seen at ACT for an unscheduled appointment. Records note that he "presented in fair spirits, but was somewhat irritable. Pt. states that he is having trouble dealing with people. He denies any AH/VH/SI/HI. Pt. requested meds and was given meds x7 days. Pt. remains stressed over financial issues. Overall, Mr. Williams appears to be off his baseline. We will monitor closely.

On this date, Mr. Williams was also seen again by his psychiatrist. Discussion focused on his feelings of stress and he said that he felt more stress at his mother's than he did on the street. Records note: "He was able to acknowledge that not taking medication may have played some role in the increased stress that he is feeling." The Zyprexa was continued, and he was given a supply. Plan was for Mr. Williams to have "frequent" contacts with ACT, daily medications, and to attend the dual diagnosis group at ACT.

Apparently, at some point between 3/29 and the next note, which was on 4/11/01, Mr. Williams was hospitalized at Emary, as the ACT team notes that on 4/11/01 his mother reported that he was still an inpatient at Emary.

On 4/17/01, however, he had been released as he was seen for an unscheduled visit at ACT. He presented on that date as "disheveled, tired and somewhat malodorous. He states that he was put out of his mother's house on Easter Sunday…Pt. reports that he will stay at the Mission until other housing can be found. Pt. admits to some drug use (crack cocaine)…"

Functional Information

In general, Mr. Williams said, most of the time he is up and walking around. He sometimes stays at a mission, sometimes at relatives' houses, and sometimes on the street. For a short period of time, he was living at the Secure Haven, a transitional housing program. Typically, he misses breakfast and sometimes eats lunch at the soup kitchens, mostly at Neighborhood Kitchen. He is out most of the day. Mr. Williams tends to present his functional ability as more capable than observations note.

Functionally, Mr. Williams exhibits significant impairment in most areas. He states that he can cook and names rice and frozen patties as things that he can cook. He is able to use the telephone and could look up a phone number in the yellow pages. He said that he doesn't eat much and would likely need help shopping for food and other items. He believes that he can keep things clean. However, he has never had his own place to live and his appearance is not clean. Although he states that he makes sure he's clean, he had a strong body odor on several occasions when seen by the SSI Project staff, and his clothes are often quite dirty. He is unkempt as well. He said that he obtains clothing from the shelters. He describes his psychiatric symptoms in terms of "stress," which affects his ability to take care of his personal needs. He needs a representative payee to handle his presumptive SSI benefits and does not manage money well at all independently. Although he states that he can ride the bus, he does so only on routes he knows and has difficulty finding new places. As was mentioned, he has been homeless for some time and has never maintained his own independent housing but rather has relied on family and shelters to house him.

Socially, Mr. Williams has troubled relationships and has no friends. His relationship with his mother is conflicted as is his relationship with his sister. He notes himself that he has no "long-term" friends. When angered, he claims that he will face the problem and tell others what he didn't like. However, as recently as last year, he faced an assault charge for hitting his brother in anger. He frequently experiences psychotic symptoms that contribute to very difficult interactions with others. His representation of managing his behavior is not accurate.

Frequently, Mr. Williams does not answer the question asked of him, i.e., his response is not appropriate for the question. For example, when asked about his concentration, he said it was "very good" and used as an example the following: "I was up on Pennsylvania Ave. A guy came upon me. I said please don't do anything to me. I was real scared. I begged him so he left. I believe in honesty." His memory is grossly intact but he has difficulty reporting dates and is vague about his history. He said that he likes "conversating" with others, but his conversation is frequently difficult to follow.

Mr. Williams has been unable to sustain any employment for a significant period of time. His primary work history consists of temporary agency placements, and these were generally brief.

Summary

Mr. Louis Williams is a 26-year-old single male who has a history of psychiatric hospitalization dating back to 1992. Early on in his psychiatric treatment history, he was diagnosed with neuroleptic malignant syndrome, thus making subsequent treatment difficult. In addition, in the last few years, he has begun abusing marijuana and cocaine, stating that the cocaine helps take the "stress off my mind." Mr. Williams has been intermittently homeless for a long period of time. His homelessness, poor interpersonal skills, use of cocaine and marijuana to treat his symptoms, and his dependence on his family have made any semblance of effective independent functioning impossible. He has maintained no steady relationships nor stable living. He has had a lengthy history of psychotic symptoms, violent acting out, lack of compliance with consistent outpatient treatment, and poor management of his life. Mr. Williams clearly has schizophrenia. His family has tried to assist him, but they have found him to be very difficult to have in their homes given his assaulting and psychotic behavior. At the present time, Mr. Williams is receiving services from the UMMS ACT team, an intensive, mobile outreach team for adults with serious and persistent mental illness. This team is reserved for individuals who have been non-responsive to conventional treatment.

Mr. Williams has very limited employment history. He is clearly disabled and unable to work.

If you have any questions, please call Ms. Rothschild at 555-555-5555 or Dr. Brown at 555-555-5589.

Sincerely,

Maria M. Rothschild, LCSW-C
Program Director

Francis Brown, M.D.
Psychiatrist, ACT